The University Hospital

Health Alliance™

PSYCHIATRY SERVICE

POLICIES AND PROCEDURES

TITLE: AGGRESSIVE PATIENTS AND USE OF SECURITY		
EFFECTIVE DATE: 05-29-1992	**REVISE DATE: 04-26-06**	**REVIEW DATE: 09-12-07**
APPROVAL SIGNATURES:		
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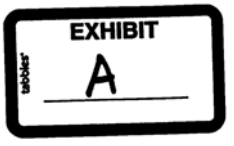
REVIEWED/REVISED by: Quality Management Committee, Psychiatry Service University of Cincinnati Police		
RESPONSIBILITY: Psychiatry Services and UC Police/Security		

POLICY:

The University Hospital (TUH) is committed to providing a safe environment for patients, visitors and staff. The University of Cincinnati Police Department (UCPD) is responsible for providing Security and Police intervention and protection within TUH. They also provide assistance to the staff during crisis situations and will execute their duties as Peace Officers in maintaining safety within the hospital. Patient behavior(s) shall be managed with the least restrictive intervention(s) while maintaining the safety of the patient and others. These established uniform guidelines will delineate between clinical management of a patient and when the episode is escalated to a police enforcement situation. These procedures will be consistent with federal and state laws and licensing, and professional practice standards.

PROCEDURE:

1) **Screening Assessment for Aggressive Patients**
   - A. The Registered Nurse admitting the patient will assess for history of past and present aggressive behaviors and will document the findings in the nursing assessment.
   - B. The RN will assess for ETOH/drug withdrawal upon admission and for the first 12 hours if the Blood Alcohol Level is above 0.08 and/or if there is a history or report of recent substance usage.
   - C. Assessments and re-assessments of the potential for aggression will include mental status and physical changes in the patient.
   - D. The Environment of Care will be evaluated for possible triggers or other factors that would heighten the risk of aggression.
   - E. Nursing and physician assessments will evaluate for risk factors that would place the patient at higher risk for injury should a Device of Force ever be deployed by a Peace Officer.



F. Interdisciplinary Treatment Team will evaluate the patient's aggressive behavior and determine if it is an active problem needing to be addressed during the current hospitalization.

G. Interdisciplinary Treatment Team will address all actual aggressive behaviors in the treatment plan. This plan will be individualized with the documentation of specific interventions and the plan discussed with the patient.

H. All direct care staff in the Department of Psychiatry and UCPD Security Officers and Peace Officers will be trained in non-violent crisis intervention.
   1. This training must be completed prior to becoming involved in any crisis management episode.
   2. This training will be renewed on an annual basis.

2) Clinical Management of Acute Aggression

A. Registered Nurse assigned to the patient will direct and document attempts to de-escalate the patient and consider the available interventions to avoid or manage an aggressive episode. These may include, but are not limited to: prn medications, emergency medications, reclarifying behaviors and expectations, offering choices, and using time out.

B. Registered Nurse will coordinate the clinical care and management of the patient who is potentially or actually assaultive by:
   1. Giving direction to nursing staff to remove patients from immediate danger.
   2. Ensuring that other unit staff and public safety are called for assistance.
   3. Assigning staff to direct the responding staff, Security Officer, or Peace Officer to assist in the management of the patient.
   4. Notifying immediate supervisor of the need to evaluate for additional staff, as appropriate.

C. When non-physical methods that follow the crisis prevention training protocols have been exhausted, a determination will be made if there is a need for restraints.

D. Registered Nurse in charge of the episode will make a clinical determination for implementing seclusion or restraint. If seclusion or restraint is used then the staff will follow the Seclusion and Restraint Policy.

E. Whenever a patient is restrained, a Registered Nurse must be present and remain in charge of the clinical care of the patient.

F. Registered Nurse will immediately notify the physician if patient is secluded or restrained detailing the incident, nursing interventions, and patient's response.

G. Charge Nurse on day shift will ensure that information relating to the incident is communicated to the treatment team at the next team meeting.

3) Pharmacological Management

A. The physician will choose the appropriate medication for patients to address the underlying psychopathology.

B. The physician or RN will assess the need for PRN medication in escalating patients since pharmacological intervention can be therapeutic in reversing mental status changes and, therefore, is considered less restrictive and more therapeutic than seclusion or restraint.

C. The physician prescribing medications must keep the following key principles in mind:
   1. patient's age and medical condition
   2. concurrent medications
   3. presence of extrinsic toxic substances
   4. short acting compounds are preferable

4) Escalation Of Aggressive Episode From Clinical To Police Management

A. The RN caring for the patient, following an assessment that determines there is a risk of immediate danger, will be responsible for determining the need to call for Security and/or Peace Officer assistance when managing an aggressive patient.

B. The RN or delegate will brief any Security and Peace Officers upon their arrival to the situation.

C. Responding Security and/or Peace Officers will initially work under the clinical direction of the RN to intervene with the aggressive patient.

D. Security and/or Police Officers, when requested by nursing or medical staff, shall assist in the restraint of patients when:
   1. the staff is unable to control the patient and/or
   2. the behavior is so violent that the safety of the patient or other persons is in jeopardy.
   3. the damage to property results in:
      (1) the creation of a potential weapon and/or
      (2) a progressive escalation that represents a danger to self or others.

E. The use of Devices of Force e.g. Batons, Mace, Pepper Spray, Handcuffs, Electronic Restraint Devices, Tasers are **STRICLY PROHIBITED** as a method of health care intervention to primarily place a patient into Seclusion and Restraint.

F. The RN in charge of an aggressive episode may request that Peace Officers assume control of the patient when less restrictive interventions have failed and there continues to be an immediate threat of harm to persons or property, or in response to criminal activity.

G. Peace Officers will inform the RN in charge when they are compelled to intervene as law enforcement officers and to assume control of a patient under the following conditions:
   1. there is an immediate threat of harm to staff, other patients, or themselves.
   2. there is destruction of property.
   3. any other condition in which they are required to exercise their police powers.

H. Peace Officers will operate under the UCPD Use of Force continuum for patients placed in their custody.

I. A clinical staff person will remain present at all times to provide clinical support.

J. The UCPD will administratively process the patient by their usual and customary procedures for persons engaging in a criminal act and shall determine:
   1. if transfer to jail is necessary for the purpose of criminal charges as well as control and custody of the person.
      (1) If a physician is not present, the Attending physician or Resident physician on-call will be paged and an order obtained to discharge the patient to the custody of the UCPD.
      (2) The University Hospital staff, upon request by the UCPD, will provide clinical support in order to facilitate medical clearance prior to leaving The University Hospital.
      (3) The patient, under UCPD escort and with clinical staff present, will be transported to the Center for Emergency Care for final assessment and, if indicated, treatment for any acute conditions or injuries prior to leaving The University Hospital.
      (4) The RN in charge of the episode will contact the CEC staff to alert them to the impending arrival of the patient and request an expedited medical assessment and treatment if it has been requested by the UCPD.
   2. that the patient no longer presents a danger to themselves or others, and they are not a flight risk.

K. The UCPD, after consultation with the clinical staff, shall make a decision regarding criminal charges and physical removal of the patient. However, the exercising of customary discretion on the part of the Peace Officer to file criminal charges and/or transfer a patient to a detention facility shall not be the determining factor in whether an intervention was a police action or health care intervention.

L. Upon request by the UCPD for the hospital to resume management of a patient, the RN in charge of the episode shall conduct a clinical assessment to determine:
   1. if the facility can safely resume clinical management of the patient and
   2. the least restrictive intervention necessary, up to and including Seclusion and Restraint, to maintain the safety of the patient and others.

5) Access to Patient Advocate
   A. Patients that are the recipients of extremely restrictive interventions (e.g. Device of Force, restraint with subsequent injury, etc.) will be given access to a Patient Rights Advocate as soon as reasonably and safely possible.
   B. The RN in charge of the episode will direct the Health Unit Coordinator or other delegate to page the Patient Rights Advocate to request immediate response to the situation.
   C. The Patient Rights Advocate will respond to the request per the Patient Rights Policy: "Advocacy For Psychiatric Patients Exhibiting Aggressive Symptoms".

6) **Documentation**
   A. Documentation of an aggressive episode, at a minimum, will reflect the following:
      1. Attempts to de-escalate the patient's behaviors utilizing less restrictive measures.
      2. The patient's behaviors that led to Seclusion or Restraint.
      3. The patient's behaviors that required the situation being transferred to the control of the Peace Officer.
      4. Any criminal charges filed by a Peace Officer under the Ohio Revised Code.
      5. Description of any Restraint and/or Device of Force deployed by a Peace Officer including type of device and the location of patient's body the device was applied.
      6. Physical assessment by an RN or physician for any injuries.
      7. Physician assessment and treatment rendered in the case of an injury or exposure to chemical irritant.
      8. The final disposition of the patient including notification of physician and any request by Peace Officers for medical clearance.
      9. Debriefing of the situation according to policy.

7) **Reportable Incidents**
   A. All episodes that result in the deployment of a Device of Force against a patient during a clinical situation within the Department of Psychiatry will be reported to the Ohio Department of Mental Health by the Clinical Manager or their delegate.

8) **Process Improvement**
   A. The Department of Psychiatry will:
      1. maintain a log and analysis of the deployment of Devices of Force to identify any trends and opportunities to reduce and eliminate the use of Devices of Force.
      2. utilize the Mobile Crisis Team staff to make reasonable attempts to contact psychiatry patients that have experienced Devices of Force in order to incorporate their perspective into our process improvement activities.
      3. review current research and literature on a quarterly basis regarding the safety, effectiveness and risk associated with the use of Devices of Force.

9) **Duty to Protect For Violence or Aggression**
   A. All staff must inform the physician and treatment team of any threats made by a patient towards others.
   B. The physician will assess the patient prior to discharge to determine and document the risk of a patient acting on threat.
   C. When a patient remains potentially violent but is no longer able to be held the physician may request that the Chief Clinical Officer or designee consult on the case with the treatment team.
   D. The physician will attempt to notify all individuals when a patient has made a credible threat toward them informing them that the patient is being discharged.
   E. If the physician is unable to contact the individual he/she will notify the University Police to attempt to ensure that the message is communicated to the individual through local authorities.
   F. The physician will contact risk management and inform them of the situation and actions that were taken.
   G. The physician will document in the clinical record the person notified, when, and what was communicated.

10) References and Citations

A. ORC § 2305.51 Immunity of mental health professional or organization as to violent behavior by client or patient.
B. ORC § 5122.29 Rights of patients.
C. OAC § 5122-14-10 Patient safety and physical plant requirements.
D. OAC § 5122-26-16 Special treatment and safety measures.
E. CMS State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 05-21-04), §482.13(f) Standard: Seclusion and Restraint for Behavior Management
F. JCAHO Comprehensive Accreditation Manual for Hospitals, Standard PC.11.100

The following are internal UCPD policies and are cited for REFERENCE PURPOSES ONLY. Hospital staff should be familiar with these policies so they can determine the best use of the resources available to them. Police and Security officers are familiar with the rules and policies of the behavioral health unit.

1) **Patient Restraints**
   A. UCPD will only assist staff members when necessary to ensure the peace and maintain safety of the staff and the patient.
      1. The staff member must get the necessary equipment when feasible.
      2. The staff member must participate to assure the assistance role.
      3. The staff member must participate to assure UCPD assistance role in the restraint, until the situation escalates to a police action.
2) **Response Types**

"A patient's right to be free from physical restraint must be balanced against the institution's need to protect the staff, the patient and other patients from the violent behavior of the patient."

   A. The response of University of Cincinnati Police Department will be as follows:
      1. "**Standby or Show of Force**" is used when the mere presence of a uniform will have a calming effect on the patient, or an officer is requested for the safety of a staff member while administering medication.
      2. "**Seclude and restrain**" is used when a patient's behavior is out of control. All available officers will respond until enough officers are on the scene. Responding officers will determine when enough have arrived and to disregard others enroute.
      3. "**Dangerous situation**" is used for any situation that is or could become life threatening (i.e., patient has a weapon, or has previously injured someone during this recent stay at the hospital). All available officers will respond, as in situation #2. Security officers should not get involved until police officers have arrived. "A patient's right to be free from physical restraint must be balanced against the institutions need to protect the staff, the patient and other patients from the violent behavior of the patient."
      4. "**Transfer of Patients**" circumstances may require the presence of an officer when mentally ill patients are being transferred from one treatment area to another. Officers involved in this type of situation are there to provide safety to the staff involved in the transfer and are not there as transporters. The staff should enlist the aid of additional staff to assist with the transfer.
3) **Restraint Involvement**
   A. If the UCPD become involved in a restraint, officers will proceed according to the UCPD Use of Force continuum.
   B. Officers will not actively participate in routine patient control/restraint situations. This includes holding a patient down while staff draws blood or administers medications.
   C. The use of profanity, sexual overtones or other non-acceptable language is not sufficient to cause involvement of the UCPD. Not until the language is coupled with threats of bodily harm, threats to leave, etc. will the UCPD become involved.
   D. If another agency calls UCPD to ask for assistance or UCPD officers realize assistance is needed when another agency arrives, UCPD will take control of the patient from the agency as requested or if requested by the medical staff. If, for the safety of the patient, UCPD must take control of the patient, the UCPD supervisor will be notified.
4) **Searching Restrained Patients**
   A. When assistance from UCPD is necessary to restrain a patient, a search for weapons, sharp objects, matches and lighters shall be conducted. UCPD will do the search or ensure that it is done.
      1. Matches and lighters shall be given to the nursing staff.

2. Weapons and sharp objects (knives, razor blades, etc.) shall be processed through the UCPD property procedure for holding/confiscating property.

B. Disposition of the property shall be indicated on the property receipt to ensure the patient's retrieval of property, if applicable.

5) All staff and police/security officers involved in the crisis intervention incident will conduct a review of the incident and the interventions utilized immediately after the incident.